

**BUREAU OF OCCUPATIONAL LICENSES****1109 Main St., Suite 220****Boise, Idaho 83702-5642****APPLICATION FOR CONTIGUOUS ESTABLISHMENT LICENSE****Name of Contiguous Establishment** \_\_\_\_\_**Shop Location Address** \_\_\_\_\_

street

city

state

zip

**Mailing Address** \_\_\_\_\_

street

city

state

zip

(The Bureau maintains ONE mailing address for each person. The above will be your only mailing address with the Bureau & is not a public record. All mailed correspondence & documents from the Bureau regarding this application or any other application or license will be sent to you at this address.)

**Name of Contiguous Shop Owner(s)** \_\_\_\_\_**Social Security number** \_\_\_\_\_**Business Employer Identification Number (E.I.N.)** \_\_\_\_\_

(If more than one owner, attach a separate sheet with all owner names & SS#. Applications that do not include the owner(s) social security number(s) will be returned and the application will not be processed. Social Security numbers are required by § 73-122, Idaho Code on all applications for licensure.)

**Shop Phone #** \_\_\_\_\_**Fax #** \_\_\_\_\_**E-mail** \_\_\_\_\_

I hereby make application for a ☐ **Barber Shop** license or a ☐ **Cosmetology Shop** (see **NOTE on page 2**) license. The license will expire on the anniversary date of issue. The required fee of \$50.00 is enclosed (Cosmetology applicants should read the Note on page 2). Licenses will not be prorated for a partial year. The Primary license must be current in order to obtain a Contiguous license.

**Anticipated opening date** \_\_\_\_\_

(The appropriate shop license must be in your possession & conspicuously posted in the shop before offering services.)

**Has this area been previously licensed as a Contiguous establishment?**☐ **YES**☐ **NO**

If YES, give business name \_\_\_\_\_, establishment license # \_\_\_\_\_, and owner's name \_\_\_\_\_

If YES & the license is current, that license (marked "out of business" & signed by the previous owner), or a written statement from the previous owner surrendering ownership, must be submitted with this application,

**Does this application represent a change in location of your establishment?**☐ **YES**☐ **NO**

If YES, give business name \_\_\_\_\_, establishment license # \_\_\_\_\_, and former establishment address \_\_\_\_\_

**AFFIDAVIT**

I hereby certify that the above named establishment meets the licensure requirements as outlined by Idaho Laws & Rules including: a working floor space of adequate dimensions within which to practice for each station; a minimum three (3) foot wide access into the contiguous shop area; access to toilet facilities, including sink with hot & cold running water, conveniently located & accessible from within the building where the establishment is located; and access to hot & cold running water & approved drainage system separate from the toilet facilities. I further certify that the information recorded hereon is correct to the best of my knowledge and belief.

I further certify that I agree to assume all responsibility for the ownership and current licensure of this Contiguous establishment.

**Printed name of owner(s) or authorized agent(s)****Signature of owner(s) or authorized agent(s)**

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(seal)

Notary Public official signature

my commission expires \_\_\_\_\_

PRIMARY ESTABLISHMENT INFORMATION

page 2 of 2

Name of Primary Establishment \_\_\_\_\_

Shop Location Address \_\_\_\_\_  
street city state zip

Mailing Address \_\_\_\_\_  
street city state zip

(The Bureau maintains ONE mailing address for each person. The above will be your only mailing address with the Bureau & is not a public record. All mailed correspondence & documents from the Bureau regarding this application or any other application or license will be sent to you at this address. )

Name of Primary Shop Owner(s) \_\_\_\_\_

Please check the appropriate box below and insert the establishment license number

[ ] Primary Barber Shop - license # BS-\_\_\_\_\_ [ ] Primary Cosmetology Shop - license # CS-\_\_\_\_\_

Shop Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

AFFIDAVIT

I hereby certify that the above named Primary establishment is currently licensed by the undersigned and meets the licensure requirements as outlined by Idaho Laws & Rules including: a working floor space of adequate dimensions within which to practice; a minimum three (3) foot wide access into all Contiguous shop areas; toilet facilities, including sink with hot & cold running water, conveniently located & accessible from the Primary area & within the building where the Primary establishment is located; and hot & cold running water & approved drainage system separate from the toilet facilities & available to any Contiguous shop not containing said facilities within their licensed area. I further certify that I authorize the person named, and whose signature appears on the reverse side of this application, to apply for licensure of and to operate a licensed Contiguous shop within the above named Primary shop. I further certify that I am familiar with the city/county planning & zoning regulations affecting the shop listed above and that I assume all responsibility for their compliance, and that the information recorded hereon is correct to the best of my knowledge and belief.

\_\_\_\_\_  
Printed name of owner(s) or authorized agent(s)

\_\_\_\_\_  
Signature of owner(s) or authorized agent(s)

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

DIAGRAM INSTRUCTIONS

**THIS APPLICATION MUST INCLUDE** an accurate and detailed floor plan of the entire Primary & Contiguous shop area on a separate sheet of eight and one-half inch by eleven-inch white paper. **The floor plan must include: all inside dimensions, total square footage, location of all stations, water sources, restrooms, access areas, and entrances.** If the establishment is located within a multi-tenet building or a private residence, please include a drawing of the complete building or residence showing all surrounding or adjacent rooms and the exact location of the shop area within the building or residence. The floor plan must include the exact measurements of the Contiguous area to be licensed. **Primary owner note: Clearly designate, by color highlighting, the Contiguous shop area to be licensed. In a different color, also designate all other currently licensed Contiguous shop areas.**

**NOTE:** The Cosmetology Board has waived the application fee for those Contiguous establishments that change location (station) **WITHIN THE SAME PRIMARY ESTABLISHMENT.** Contiguous cosmetology owners must continue to file the Contiguous Establishment License Application for such changes prior to such a move. Contiguous barber owners must continue to file the Contiguous Establishment License Application with the required fee for such changes prior to such a move. All Contiguous establishments that move from one Primary establishment to another Primary establishment are required to submit both the application and the required fee.

The State of Idaho Barber Laws and Rules may be downloaded at <http://www2.state.id.us/ibol/bar.htm>.

The State of Idaho Cosmetology Laws and Rules may be downloaded at <http://www2.state.id.us/ibol/cos.htm>.

Please contact the Bureau by e-mail at [shop@ibol.state.id.us](mailto:shop@ibol.state.id.us) if you have any questions.